

Honorable House Judiciary Committee: Greetings :

Thank you for taking consideration of my comments on HB 505 AGAINST ASSISTED SUICIDE in support of this Bill. Hopefully, I am able to be here in person ,as you will see that I have a very personal stake in this legislation. Both my husband and I are 65 plus years old. "Aid in Dying" sounds like a very CARING concept. I saw an ad in the Bozeman Daily Chronicle asking for support of SB220 which was defeated in the Senate Judiciary Committee recently. This would have made a Montana court decision ,that is being falsley claimed to make Assissted Suicide in Montana legal ,and only needing to be codified by the legislature. When I looked into this group and their researchers I found that their organization is from Colorado and their research is done by a group from California. Even so... Man alive that sounds Caring and even protective of "YOUR RIGHTS". But is it??? Rhetoric is often very deceptive!! What would the end result of this Aid in Dying entail. The opportunity for MISUSE of the legal protection for those who would actively seek the death of a person is immense. The language does not address the person who may no longer be in control of His/Her Healthcare. Decisions could be made due to funding availability or even convenience by a person who has HEALTHCARE POWER OF ATTORNEY for another. This is the ultimate of ELDER or DISABLED PERSON ABUSE that can be imagined. I can testify to that from a personal side as my father (a WWII Omaha Beach Vet, born in Ekalaka, Mt) became terminal with Chronic Obstructive Pulmonary Disease in the state of Oregon. A sister-in-law attained control (through my brother ,who had Power of Attorney) of his decisions, and before the family knew it, Dad had the "prescription". When I found out ,I asked him and he told me, "I just do not want you kids to suffer." I was able from my experience as a Nurse to answer his questions regarding "What will happen to me next" and he NEVER had the "prescription" filled. BUT THE REST OF THE STORY IS THAT SHE COULD HAVE HAD IT FILLED. I was able to be at his bedside ,care for him, and keep him comfortable until he naturally ceased to breathe and have a heartbeat. I am still amazed at the anger that was unleashed at me by that sister-in-law...until I found that there was only enough money left from my father's coffers to bury him and pay his final expenses. Their decision to get the "PRESCRIPTION" was not put before the rest of the family who would have stepped up to help fund Dad's care.

Furthermore, Dad did not really want to commit suicide-he merely wanted to protect us from what he envisioned as an unpleasant experience for us. You see he was only concerned with his children. I repeat HE DID NOT WANT TO COMMIT SUICIDE. HE was influenced by a daughter-in-law .

I respectfully ask each of you Committee Members to read the explanation of the word SUICIDE. Check it out on Wikipedia. "SUICIDE" QUOTE To Kill Oneself-act of intentionally causing one's own death. Suicide is often committed out of despair, the cause of which can be contributed to mental disorder such as depression(which can be treated), schizophrenia, alcoholism, or drug abuse. Stress factors ,such as financial difficulties, troubles with interpersonal relationships often play a role. UNQUOTE. Montana already has the SAD distinction of being a state with HIGH SUICIDE RATES. Please take the time to look up the Billings Gazette articles of November 25,2012. It reveals that Veterans, American Indians, Seniors and Teenagers are very high in those statistics. I ASK that each of you Committee Members look beyond the Rhetoric and PARTY LINES and VOTE YEA for the passage of HB 505. DO NOT MAKE MONTANA THE 3'rd STATE IN THE UNION TO BE A SUICIDE STATE. Choices are already being made available with the POLST form (Provider Orders for Life Sustaining Treatment). This is a written form indicating a Patient/Client wishes/Choices that is between Him/He and the Provider. Montana has already provided CHOICES! I am aware that Legislators votes are influenced by the 3 C's Conscience, Constituents ,and Caucus. This is a BI-PARTISAN ISSUE. When constituents are made aware of the SLIPPERY SLOPE and realize that there is a POLST in Montana they change their pro-suicide stance. Caucus is a problem as the Democratic Party is pro suicide. Please then consider Conscience and PROTECT THE ELDERLY AND DISABLED of MONTANA!

Thank You for your consideration of my testimony!

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# **Montana Provider Orders For Life-Sustaining Treatment (POLST)**

THIS FORM MUST BE SIGNED BY A **PHYSICIAN, PA or APRN** IN SECTION E TO BE VALID

**If any section is NOT COMPLETE:**

**Provide the most treatment included in that section**

**EMS:** If questions/concerns, contact Medical Control.

**Patient's** Last Name: \_\_\_\_\_

**Patient's** First Name: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Male ☐ Female ☐

## **Section A**

Select only one box

**Cardiopulmonary Resuscitation:** If patient does not have a pulse and/or is not breathing:

☐ **Resuscitate (Full Code)**

☐ **Do Not Resuscitate (No Code)**  
(Allow Natural Death)(Comfort One)  
Patient does not want any heroic or Life-saving measures.

If patient is not in cardiopulmonary arrest, follow orders found in section **B** and **C**

## **Section B**

Select only one box

**Medical Interventions:** If patient has a pulse and/or is breathing:

☐ **Comfort Measures:** Please treat patient with dignity and respect. Reasonable measures are to be made to offer food and fluids by mouth and attention must be paid to hygiene. Medication, positioning, wound care, and other measures shall be used to relieve pain and discomfort. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **EMS:** Patient prefers no transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.

☐ **Limited Additional Interventions:** In addition to the care described above, cardiac monitoring and oral/IV medications may be provided. **EMS:** Transfer to hospital if indicated, do not perform intubation or advanced airway interventions. **Hospital:** Do not admit to Intensive Care.

☐ **Full Treatment:** In addition to the care described above, endotracheal intubation, advanced airway interventions, mechanical ventilation, defibrillation and cardioversion may be provided. **Hospital:** Admit to Intensive Care if indicated.

**Other Instructions:** \_\_\_\_\_

## **Section C**

May select more than one

**Artificial Fluids and Nutrition:**

☐ Feeding tube

☐ No Feeding tube

☐ IV fluid

☐ No IV fluid

**Other Instructions:** \_\_\_\_\_

**Antibiotics and Blood Products:**

☐ Antibiotics

☐ No Antibiotics

☐ Blood Products

☐ No Blood Products

**Other Instructions:** \_\_\_\_\_

## **Section D**

**Advance Directives:** The following documents also exist:

☐ Living Will

☐ Other \_\_\_\_\_

## **Section E**

**Patient or Surrogate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(by signing the POLST, I agree that this POLST supersedes my living will, if the two conflict)

**Print Patient or Surrogate (person with authority under 50-9-106, MCA)**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Physician/APRN/PA (in consultation with supervising physician) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Physician/APRN/PA Name :** \_\_\_\_\_ **MT License Number:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_ **Discussed with:** ☐ Patient ☐ Spouse ☐ Other \_\_\_\_\_

**The basis for these orders is:** ☐ Patient's request ☐ Patient's known preference \_\_\_\_\_

**FORM SHALL ACCOMPANY PATIENT WHENEVER TRANSFERRED OR DISCHARGED**

Use of original form is strongly encouraged. Photocopy, fax or electronic copies of signed POLST forms are legal and valid

**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY**  
**Instructions for completing the POLST form:**

1. **PRINT (form must be readable)**
2. **EMS instructions are contained in sections A & B**
3. **Facility instructions are primarily contained in sections B & C**
4. **To be VALID section E must be completed**

**POLST/DNR Protocol:**

The POLST form helps assure that patient wishes to have or limit specific medical treatments are respected near the end of life by all providers. The POLST can include a DNR order.

Before issuing POLST, Montana licensed Physicians/APRNs/PAs should always consider:

Diagnoses and consultation with patient (if unable to consult with patient consider known history and medical records), determine if the patient has advance directives or living will, consult with family to determine if the patient expressed his/her wishes, determine the patient is in a terminal condition, and consult the "end of life registry" at [www.endoflife.mt.gov](http://www.endoflife.mt.gov). Make completed form clearly visible to providers.

The provider should review the POLST form in all of the following instances:

- each time a patient is admitted to a facility,
- any time there is a substantial change in the patient's health status, or
- any time the patient's treatment preferences change.

**Out-of-Hospital Protocol when presented with POLST Documentation:**

Never delay patient care to determine if the patient has POLST documentation. COMFORT One bracelet identifies a patient who has a POLST document and a DNR (section A). A verbal DNR order from a physician must be honored.

POLST documentation, if presented to the out-of-hospital provider, **MUST** accompany the patient and be presented to other health care providers who subsequently attend the patient. The out-of-hospital patient care documentation must include the POLST documentation and care provided based on the POLST documentation.

A POLST document can be disregarded if the patient requests or if the terminal condition no longer exists. If there is a question regarding POLST, contact Medical Control.

**Health care provider responsibilities when presented with POLST Documentation:**

If POLST documentation accompanies the patient, all health care providers must honor the patient's wishes. The POLST documentation expresses the patient's treatment wishes in advance of a medical emergency. A valid POLST documentation is a Montana standardized form that has a valid physician, APRN or PA signature. The form presented may be a photocopy, fax or electronic copy but must have a valid signature.

The POLST documentation must accompany the patient if care is transferred to another provider or facility.

A POLST document can be disregarded if the patient or surrogate (who signed the form) requests or if the terminal condition no longer exists, or if there is a direct order from a physician or APRN or PA.

**Questions please consult the website for information: <http://polst.mt.gov>**

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